



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

DE NOVO HISTOID LEPROSY: AN EXPATRIATE CASE RECENTLY DIAGNOSED IN JOHANNESBURG

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Background: Histoid leprosy (HL) is a distinct and rare variant of lepromatous leprosy, which is characterized by unique clinical, histopathological, and microbiological features. HL can occur de novo and represents probable resistant bacilli and a highly active lepromatous process.

Observation: A 32-year-old male from Lilongwe, Malawi who had immigrated to Johannesburg 1-year-ago presented with a 4-month history of non-tender, firm, shiny, flesh coloured nodules on the face and the trunk and hyperpigmented scaly plaques on the chest and limbs. He denied any leprosy contact or any prior treatment for leprosy. Skin slit smears from both ear lobes confirmed multibacillary leprosy with a high bacterial index. Punch skin biopsies taken from a nodule as well as clinically uninvolved skin showed a proliferation of spindled cells arranged in an intertwining pattern. The lesional skin cells had indistinct cell borders and contained large amounts of organisms confirmed on a modified Ziehl-Neelsen stain to be acid fast bacilli. The diagnosis of HL was established and the patient showed marked improvement one year after the MB-MDT treatment and he is still under the same treatment protocol.

Key message: HL is of significance as the prevalence of this variant is increasing in the era of leprosy elimination and is a point of public health concern, because HL cases have a high bacillary load, are possibly resistant to treatment protocols and therefore may act as a reservoir of infection and negatively affects the control of leprosy globally. The present global migration of people for whatever reason; social, economic or political, will affect the established leprosy control program. This case highlights the need for awareness of this disease by health care providers and especially dermatologists.

